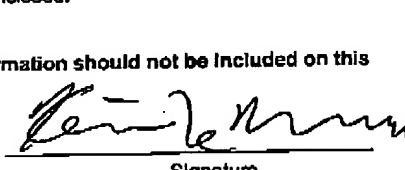


PTO/SB/31 (02-01)

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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 018865-004500US
I hereby certify that this correspondence is being faxed to 1 703 872-9319 to "Assistant Commissioner for Patents, Washington, D.C. 20231" on <u>8/7/02</u>		
Signature _____ Typed or printed name <u>Lata Olivier</u>		In re Application of Maria Christine B. Estacio Application Number 09/548,946 Filed April 13, 2000 For FLIP CLIP ATTACH AND COPPER CLIP ATTACH ON MOSFET DEVICE Group Art Unit 2811 Examiner N. Parakh
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.		
The fee for this Notice of Appeal is (37 CFR 1.17(b))		\$320.
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		FAX COPY RECEIVED \$. AUG 7 2002 TECHNOLOGY CENTER 2800
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.		
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>20-1430</u> . I have enclosed a duplicate copy of this sheet.		
<input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor.		 Signature
<input checked="" type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.		
Statement under 37 CFR 3.73(b) is enclosed.		
<input checked="" type="checkbox"/> attorney or agent of record.		Kevin T. LeMond, Reg. No. 35,933 Typed or printed name
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a).		
Registration number if acting under 37 CFR 1.34(a): _____		<u>8/7/02</u> Date
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		
<input type="checkbox"/> *Total of _____ forms are submitted.		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231. SF 1373892 v1

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